

B6A (Official Form 6A) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE A - REAL PROPERTY**

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
Homestead 113 Pleasant Run Azle, TX 76020	Fee Simple	C	\$127,990.00	\$127,947.40
<b>Total:</b>			<b>\$127,990.00</b>	

(Report also on Summary of Schedules)

B6B (Official Form 6B) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY**

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash on hand	C	\$300.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Compass Bank checking account	C	\$10.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Raymond Doyle	C	\$600.00
		City of Azle Water	C	\$115.00
		Atmos Energy	C	\$90.00
4. Household goods and furnishings, including audio, video and computer equipment.		Sofa, love seat, side chair, coffee table, end table, bookcase, CD player, TV, stereo, DVD, cell phone, lamp, computer, beds, dressers, refrigerator, microwave oven, small appliances, pots, pans, dishes, glassware, flatware, table, chairs, towels, linens, washer, dryer, lawn mower	C	\$4,015.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books, photo albums	C	\$250.00
6. Wearing apparel.		Clothing and other wearing apparel	C	\$550.00
7. Furs and jewelry.		Wedding rings, rings, costume jewelry	C	\$440.00
8. Firearms and sports, photographic, and other hobby equipment.		Camera, camcorder	C	\$150.00

B6B (Official Form 6B) (12/07) -- Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life insurance	C	\$0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Kia Spectra	C	\$4,800.00
		2007 Toyota Tundra	C	\$23,725.00
26. Boats, motors, and accessories.		2004 Procraft Boat(Bare legal title only)	C	\$0.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Dogs	C	\$5.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <span>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</span> <div> <b>3</b> continuation sheets attached  <b>Total &gt;</b> </div> </div>				<b>\$35,050.00</b>

B6C (Official Form 6C) (4/10)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds  
\$146,450.\*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Homestead 113 Pleasant Run Azle, TX 76020	11 U.S.C. § 522(d)(1)	\$42.60	\$127,990.00
Cash on hand	11 U.S.C. § 522(d)(5)	\$300.00	\$300.00
Compass Bank checking account	11 U.S.C. § 522(d)(5)	\$10.00	\$10.00
Raymond Doyle	11 U.S.C. § 522(d)(5)	\$600.00	\$600.00
City of Azle Water	11 U.S.C. § 522(d)(5)	\$115.00	\$115.00
Atmos Energy	11 U.S.C. § 522(d)(5)	\$90.00	\$90.00
Sofa, love seat, side chair, coffee table, end table, bookcase, CD player, TV, stereo, DVD, cell phone, lamp, computer, beds, dressers, refrigerator, microwave oven, small appliances, pots, pans, dishes, glassware, flatware, table, chairs, towels, linens, washer, dryer, lawn mower	11 U.S.C. § 522(d)(3)	\$4,015.00	\$4,015.00
Books, photo albums	11 U.S.C. § 522(d)(3)	\$250.00	\$250.00
Clothing and other wearing apparel	11 U.S.C. § 522(d)(3)	\$550.00	\$550.00
Wedding rings, rings, costume jewelry	11 U.S.C. § 522(d)(4)	\$440.00	\$440.00
Camera, camcorder	11 U.S.C. § 522(d)(3)	\$150.00	\$150.00
* Amount subject to adjustment on 4/1/13 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		<b>\$6,562.60</b>	<b>\$134,510.00</b>

B6C (Official Form 6C) (4/10) -- Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT***Continuation Sheet No. 1*

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Term life insurance	11 U.S.C. § 522(d)(7)	\$0.00	\$0.00
2006 Kia Spectra	11 U.S.C. § 522(d)(2)	\$0.00	\$4,800.00
2007 Toyota Tundra	11 U.S.C. § 522(d)(2)	\$3,450.00	\$23,725.00
	11 U.S.C. § 522(d)(5)	\$275.00	
Dogs	11 U.S.C. § 522(d)(3)	\$5.00	\$5.00
		<b>\$10,292.60</b>	<b>\$163,040.00</b>

B6D (Official Form 6D) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**

(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxx0583  <b>Ever Home Mortgage company</b> <b>P O Box 2167</b> <b>Jacksonville, FL 32232-0004</b>	<b>C</b>	DATE INCURRED: NATURE OF LIEN: <b>Fee Simple</b> COLLATERAL: <b>Homestead</b> REMARKS:  VALUE: <b>\$127,990.00</b>				<b>\$127,947.40</b>	
ACCT #: xxxxxx0583  <b>Ever Home Mortgage company</b> <b>P O Box 2167</b> <b>Jacksonville, FL 32232-0004</b>	<b>C</b>	DATE INCURRED: <b>Various</b> NATURE OF LIEN: <b>Arrearage claim</b> COLLATERAL: <b>Homestead</b> REMARKS:  VALUE: <b>\$4,500.00</b>				<b>\$4,500.00</b>	
ACCT #: xxxxxx8453  <b>Franklin Capital Corporation</b> <b>PO Box 79124</b> <b>Phoenix, AZ 85062</b>	<b>C</b>	DATE INCURRED: NATURE OF LIEN: <b>Certificate of Title</b> COLLATERAL: <b>2006 Kia Spectra</b> REMARKS:  VALUE: <b>\$4,800.00</b>				<b>\$11,000.00</b>	<b>\$6,200.00</b>
ACCT #: xxxxxx8382  <b>Toyota Motor Credit</b> <b>P O Box 650686</b> <b>Dallas, TX 75265-0686</b>	<b>C</b>	DATE INCURRED: NATURE OF LIEN: <b>Certificate of Title</b> COLLATERAL: <b>2007 Toyota Tundra</b> REMARKS:  VALUE: <b>\$23,725.00</b>				<b>\$20,000.00</b>	
<b>Subtotal (Total of this Page) &gt;</b>						<b>\$163,447.40</b>	<b>\$6,200.00</b>
<b>Total (Use only on last page) &gt;</b>						<b>\$163,447.40</b>	<b>\$6,200.00</b>

No continuation sheets attached

(Report also on  
Summary of  
Schedules.)(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)



B6E (Official Form 6E) (04/10)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(If Known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*1 continuation sheets attached

B6E (Official Form 6E) (04/10) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**

(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>Law Office of Jim Morrison, PC</b> <b>6815 Manhattan Blvd Ste 310</b> <b>Fort Worth, TX 76120</b>	<b>C</b>	DATE INCURRED: <b>09/07/2010</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:				<b>\$2,700.00</b>	<b>\$2,700.00</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims <b>Subtotals (Totals of this page) &gt;</b> <b>Total &gt;</b> (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.) <b>Totals &gt;</b> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						<b>\$2,700.00</b>	<b>\$2,700.00</b>	<b>\$0.00</b>
						<b>\$2,700.00</b>		
							<b>\$2,700.00</b>	<b>\$0.00</b>

B6F (Official Form 6F) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxxxx7665</b> <b>Ameripath</b> <b>PO Box 840626</b> <b>Dallas, TX 75284</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$50.00</b>
ACCT #: <b>Attorney General Of Texas</b> <b>Child Support Division/Special Collectio</b> <b>P.O. Box 659791</b> <b>San Antonio, TX 78265-9941</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>Campbell Health Systems</b> <b>PO Box 961094</b> <b>Ft Worth, Texas, TX 76161-1094</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$268.65</b>
ACCT #: <b>xxxxxxx3079</b> <b>Cooks Childrens Medical Center</b> <b>P O Box 961257</b> <b>Fort Worth, TX 76161</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$2,882.32</b>
ACCT #: <b>Deven-Aire</b> <b>8895 Hwy 199 West</b> <b>Springtown, TX 76082</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Services</b> REMARKS:				<b>\$72.00</b>
ACCT #: <b>xxxxxxx6008</b> <b>DRS c/o Harris Methodist Northwest</b> <b>P O Box 460036</b> <b>Garland, TX 75046</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$103.88</b>
<b>Subtotal &gt;</b>						<b>\$3,376.85</b>
<b>Total &gt;</b>						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

6 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>846</b> <b>Gieb Veterinary Clinic</b> <b>P O Box 674</b> <b>Springtown, TX 76082</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Vet Bill</b> REMARKS:				<b>\$50.00</b>
ACCT #: <b>xxxxxx6174</b> <b>Harris Methodist Hospital Azle</b> <b>PO BOX 916066</b> <b>Fort Worth, TX 76191-6066</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$250.00</b>
ACCT #: <b>xxxxxxxx6007</b> <b>Harris Methodist Northwest</b> <b>PO BOX 916066</b> <b>Fort Worth, TX 76191-6066</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$150.55</b>
ACCT #: <b>xxxx3001</b> <b>Healthfirst Medical</b> <b>4450 Boat Club Rd Suite 700</b> <b>Ft Worth, Texas 76135</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$7.33</b>
ACCT #: <b>xxxxxxxxxxxx5219</b> <b>Home Depot Credit Services</b> <b>P.O. Box 182676</b> <b>Columbus, OH 43218-2676</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$394.36</b>
ACCT #: <b>IRS</b> <b>P O Box 21126</b> <b>Philadelphia, PA 19114</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>

Sheet no. 1 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$852.24****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx6817</b> <b>Laboratory Corp of America</b> <b>PO Box 2240</b> <b>Burlington, NC 27216</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$843.00</b>
ACCT #: <b>xxxx8737</b> <b>LCA Collections</b> <b>PO BOX 2240</b> <b>Burlington, NC 27216</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$130.00</b>
ACCT #: <b>Linebarger Goggan Blair and Sampson</b> <b>2323 Bryan Street, Ste 1600</b> <b>Dallas, TX 75201</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>xxxxxxx1042</b> <b>Professional Account Services</b> <b>P O Box 188</b> <b>Brentwood, TN 37024</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$1,983.20</b>
ACCT #: <b>xxxxxxxxxx1150</b> <b>Professional Account Services</b> <b>7100 Commerce Way Suite 100</b> <b>Brentwood, TN 37027</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$150.00</b>
ACCT #: <b>xxxxxxx1042</b> <b>Professional Account Services</b> <b>7100 Commerce Way Suite 100</b> <b>Brentwood, TN 37027</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$278.00</b>
Sheet no. <b>2</b> of <b>6</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$3,384.20</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						<b>Total &gt;</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxT014 <b>Propath Associates</b> <b>PO BOX 678174</b> <b>Dallas, TX 75267</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$65.36</b>
ACCT #: <b>Radiology Associates</b> <b>P.O. Box 1723</b> <b>Indianapolis, IN 46206</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$219.00</b>
ACCT #: <b>Receivable Management, Inc.</b> <b>P O Box 128</b> <b>Arlington, TX 76004</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>Richard Cardenas MD</b> <b>750 Eureka St Suite A</b> <b>Weatherford, TX 76086</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$594.18</b>
ACCT #: <b>Texas Health Harris Methodist</b> <b>500 E Border St #131</b> <b>Arlington TX 76010</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$1,152.00</b>
ACCT #: xxxxxx0479 <b>Texas Health Harris Methodist</b> <b>PO BOX 916066</b> <b>Fort Worth, TX 76191-6066</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$954.69</b>

Sheet no. 3 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$2,985.23****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxxx9030</b> <b>Texas Health Phys Group</b> <b>P O Box 975341</b> <b>Dallas, TX 75397</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$61.00</b>
ACCT #: <b>xx2149</b> <b>Texas Medicine Resources LLP</b> <b>PO BOX 8549</b> <b>Fort Worth, TX 76124</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$635.00</b>
ACCT #: <b>xx9810</b> <b>Texas Medicine Resources LLP</b> <b>PO BOX 8549</b> <b>Fort Worth, TX 76124</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$254.00</b>
ACCT #: <b>xx2725</b> <b>Texas Medicine Resources LLP</b> <b>PO BOX 8549</b> <b>Fort Worth, TX 76124</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$198.00</b>
ACCT #: <b>U S Attorney General</b> <b>Burnett Plaza, Suite 1700</b> <b>801 Cherry Street, Unit 4</b> <b>Fort Worth, TX 76102-6882</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>
ACCT #: <b>U S Attorney General</b> <b>U S Department of Justice</b> <b>950 Pennsylvania Ave, NW</b> <b>Washington, DC 20530-0001</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Notice Only</b> REMARKS:				<b>Notice Only</b>

Sheet no. 4 of 6 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$1,148.00****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxx6413</b> <b>United Revenue Corporation</b> <b>204 Billings</b> <b>Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$198.00</b>
ACCT #: <b>xxxxx759g</b> <b>United Revenue Corporation</b> <b>204 Billings</b> <b>Suite 120</b> <b>Arlington, TX 76010</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$116.16</b>
ACCT #: <b>xx0135</b> <b>Urology Assoc N Texas</b> <b>PO Box 120549</b> <b>Arlington, Texas 76016-0549</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$30.00</b>
ACCT #: <b>5661</b> <b>Weatherford Anesthesia Associates PA</b> <b>PO Box 163694</b> <b>Fort Worth, TX 76161-3694</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$136.00</b>
ACCT #: <b>xxxxxxxx1241</b> <b>Weatherford Regional Medical Center</b> <b>P O Box 840407</b> <b>Dallas, TX 75284-0407</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$40.00</b>
ACCT #: <b>xxxxxxxx7118</b> <b>Weatherford Regional Medical Center</b> <b>P O Box 840407</b> <b>Dallas, TX 75284-0407</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$114.99</b>

Sheet no. **5** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims**Subtotal >****\$635.15****Total >**(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx1241 <b>Weatherford Regional Medical Center</b> <b>P O Box 840407</b> <b>Dallas, TX 75284-0407</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Medical Expenses</b> REMARKS:				<b>\$60.00</b>
ACCT #: 8867 <b>Wells Fargo</b> <b>PO Box 30086</b> <b>Los Angeles, CA 90030-0086</b>	<b>C</b>	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$6,539.50</b>
<b>Subtotal &gt;</b>						<b>\$6,599.50</b>
<b>Total &gt;</b>						<b>\$18,981.17</b>

Sheet no. **6** of **6** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6G (Official Form 6G) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	Dependents of Debtor and Spouse	
<b>Married</b>	Relationship(s): Son      Age(s): 2	Relationship(s):      Age(s):
<b>Employment:</b>	Debtor	Spouse
Occupation	Water Transfer	Assistant
Name of Employer	Impact Select Energy	Express Personal Employment
How Long Employed	3 years	1 month
Address of Employer	6150 N FM 51 Weatherford, TX 76085	218 Santa Fe Weatherford, TX 76086

INCOME: (Estimate of average or projected monthly income at time case filed)

	<b>DEBTOR</b>	<b>SPOUSE</b>
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$1,993.33	\$823.33
2. Estimate monthly overtime	\$2,240.31	\$0.00
3. SUBTOTAL	<b>\$4,233.64</b>	<b>\$823.33</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes (includes social security tax if b. is zero)	\$365.43	\$0.00
b. Social Security Tax	\$245.87	\$51.05
c. Medicare	\$57.50	\$11.96
d. Insurance	\$496.58	\$0.00
e. Union dues	\$0.00	\$0.00
f. Retirement	\$0.00	\$0.00
g. Other (Specify) _____	\$0.00	\$0.00
h. Other (Specify) _____	\$0.00	\$0.00
i. Other (Specify) _____	\$0.00	\$0.00
j. Other (Specify) _____	\$0.00	\$0.00
k. Other (Specify) _____	\$0.00	\$0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	<b>\$1,165.38</b>	<b>\$63.01</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	<b>\$3,068.26</b>	<b>\$760.32</b>
7. Regular income from operation of business or profession or farm (Attach detailed stmt)	\$0.00	\$0.00
8. Income from real property	\$1,200.00	\$0.00
9. Interest and dividends	\$0.00	\$0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$0.00	\$0.00
11. Social security or government assistance (Specify): _____	\$0.00	\$0.00
12. Pension or retirement income	\$0.00	\$0.00
13. Other monthly income (Specify):		
a. _____	\$0.00	\$0.00
b. _____	\$0.00	\$0.00
c. _____	\$0.00	\$0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	<b>\$1,200.00</b>	<b>\$0.00</b>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	<b>\$4,268.26</b>	<b>\$760.32</b>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	<b>\$5,028.58</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**None.**

B6J (Official Form 6J) (12/07)

IN RE: **Stephen Legrand McAlister**  
**Angela Marie McAlister**Case No. **10-45989-13**  
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$725.00
2. Utilities: a. Electricity and heating fuel b. Water and sewer c. Telephone d. Other: Cellular/Pager	\$350.00 \$100.00  \$95.00
3. Home maintenance (repairs and upkeep)	\$75.00
4. Food	\$600.00
5. Clothing	\$75.00
6. Laundry and dry cleaning	\$50.00
7. Medical and dental expenses	\$150.00
8. Transportation (not including car payments)	\$350.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$100.00
10. Charitable contributions	
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other:	\$150.00
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto: b. Other: Mortgage on rented house c. Other: d. Other:	\$1,068.00
14. Alimony, maintenance, and support paid to others: 15. Payments for support of add'l dependents not living at your home: 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) 17.a. Other: See attached personal expenses 17.b. Other:	\$360.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<b>\$4,248.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <b>None.</b>	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$5,028.58
b. Average monthly expenses from Line 18 above	\$4,248.00
c. Monthly net income (a. minus b.)	\$780.58

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

IN RE: **Stephen Legrand McAlister**  
**Angela Marie McAlister**

CASE NO **10-45989-13**

CHAPTER **13**

**EXHIBIT TO SCHEDULE J**

**Itemized Personal Expenses**

Expense	Amount
Day Care	\$150.00
Pet Expense	\$50.00
Hair Cuts	\$50.00
Toiletries/Beauty Expense	\$50.00
Cable/Satellite	\$60.00
Total >	\$360.00

B6 Summary (Official Form 6 - Summary) (12/07)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**

Case No. **10-45989-13**Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$127,990.00			
B - Personal Property	Yes	4	\$35,050.00			
C - Property Claimed as Exempt	Yes	2				
D - Creditors Holding Secured Claims	Yes	1				\$163,447.40
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2				\$2,700.00
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7				\$18,981.17
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	1				
J - Current Expenditures of Individual Debtor(s)	Yes	2				
TOTAL		22	\$163,040.00	\$185,128.57		

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**

Case No. **10-45989-13**

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>\$5,028.58</b>
Average Expenses (from Schedule J, Line 18)	<b>\$4,248.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	<b>\$5,305.07</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$6,200.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$2,700.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$18,981.17</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$25,181.17</b>



B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Stephen Legrand McAlister**  
**Angela Marie McAlister**

Case No. **10-45989-13**  
(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **24** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **09/23/2010**

Signature **/s/ Stephen Legrand McAlister**  
**Stephen Legrand McAlister**

Date **09/23/2010**

Signature **/s/ Angela Marie McAlister**  
**Angela Marie McAlister**

[If joint case, both spouses must sign.]